

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----x

Michael Wotts

Full name of plaintiff/prisoner ID#

100-20 SPNY

FEB 27 2014

ELECTRONICALLY FILED

SCHW

DATE FILED: 2/27/14

Plaintiff,

JURY DEMAND
YES NO

The City of New York
Detective Jase Higgs

Detective Santono

Enter full names of defendants

[Make sure those listed above are identical to those listed in Part III.]

Defendants.

-----x FEB 27 2014

PRO SE OFFICE

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes No
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Michael Wotts

Defendants:

The City of New York
Detective Jase Higgs
~~Detective~~ Detective Santono

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number:

13 Civ. 5636 (PKG)(GWG)

4. Name of the Judge to whom case was assigned: Gabriel W. Gorenstein
5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
It's still pending Amend Complaint
6. Approximate date of filing lawsuit: 7/13
7. Approximate date of disposition: N/A

II. Place of Present Confinement: OBCC 1600 Hazon Street

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not I have complaints with the Civilian Complaint Review Board and the New York City Department of Investigation

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

Michael Wotts
Address 1600 Haven Street, East Elmhurst, N.Y.
11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

The City of New York

Defendant No. 2

Detective Jose Higo
One Police Plaza Rm. 1100
New York, N.Y. 10038

Defendant No. 3

Detective Santano
One Police Plaza Rm. 1100
New York, N.Y. 10038

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

1. On January 17, 2013 at 405 Throgs Ave. 79th precinct executed a search, which is the residence of plaintiff Michael Wotts.
2. Detective Jon Yano involved in the search execution repeatedly hit plaintiff in the head with an assault rifle, causing injuries to the head and ear.
3. Upon arrest Detective Higgs failed to invoice my keys for sole keeping in the property room of the precinct but chose to give them to a third party which resulted in my property being stolen out of my house.
4. Plaintiff has exhausted every and all administrative remedies by by writing complaints of incident to both the civilian Complaint Review Board and New York City Department of Investigation.

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

5. Arresting Officers were deliberately Indifferent to injuries sustained by plaintiff, in which plaintiff had to wait until he got in custody of police officers at central booking before adequate medical attention was given because arresting officers had refused to do so. Whereby plaintiff was taken to New York Downtown Hospital where it was established that plaintiff suffered contusions and hematomas. (See Exhibits A and B)

(Continued)

6. During search, My house⁴ and car keys were removed from my pants pockets along with my money. Upon reaching the 79th precinct I asked for a voucher/Property Receipt of my property that was removed from my person, and was ignored. I later found out while incarcerated that my house had been robbed of its valuables and my car was missing/stolen due to the police officers negligently and deliberately giving my keys to a person I did not authorize to possess. (See Exhibit C) and Supervise phone Records from Rikers Island for Michael Wotts conversations to phone number # 347-965-4385 from 1-18-13 to 7-26-13 that Belong to LaQuita Lewis.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

Judgement should be awarded in the amount of \$200,000⁰⁰ for the intentional infliction of assaultive behavior in violation of my constitutional rights to equal protection/due process of law [U.S.C.A. 6 and 14] and my eighth constitutional Amendment right against cruel and unusual punishment last and damage to property due to negligence.

I declare under penalty of perjury that on 1/29/14, I delivered this
(Date) Southern complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this 29th day of January, 2014. I declare under penalty of perjury that the foregoing is true and correct.

Nicole West
Signature of Plaintiff

OBCC
Name of Prison Facility

1600 Haven Street
East Elmhurst, NY
11370

Address

141-13-12340
Prisoner ID#

Exhibit-C

Michael Wills #349-13-01202
10-10 Hazen St. (C-76)
East Elmhurst, N.Y.

April 29, 2013

11370

To whom this may concern

I'm writing this letter about a police incident that happen on Jan. 17, 2013 at the 79th precinct in Brooklyn when I was set up to be robbed by Lourito Lewis aided by her brother David Lewis and a N.Y.C. Police name Joe Hart worked that day in the 79th precinct. The police raided my house at 405 Thepps ave. early that morning I remember the police removing my house and car keys from my pockets along with my money. I asked for a voucher for my keys and never received one. Shawntay Major and Lourito Lewis had also been arrested with me that day. Some how Lourito Lewis ended up with a cell phone and called her brother David Lewis who robbed my house before her and Shawntay Major was released, some how the police had found out that Lourito

Exhibit-C

Lewis was making phone calls without their assistance and moved her into a cell by the finger print machine so short while later I was moved also to a cell in that same room she asked to speak to a police officer by his first name that was working named Joe about 30 minutes later she came back telling Shawntay that they were being released I wasn't able to make a call until I got to Brooklyn House Hotel where I found out from Shawntay that my house had been robbed and by who before or about a week later or two later my car was stolen when the car was found Leguito's Brother's girlfriend was driving it and got arrested then later on during a phone conversation via Riker Island phone I found out that the police name Joe was a date of Leguito Lewis since 18 yrs old and he was going to have the car she stole in his garage all this information can be backed up by actual phone conversations from Rikers Island.

Thank You,
 Mike Ross

ExitCare® Patient Information - MICHAEL ZZ WATTS - ID# 00002920604 - MR# 8346959

NEW YORK
DOWNTOWN
HOSPITAL

New York Downtown Hospital
Emergency Center
83 Gold Street
New York, NY 10038
212-312-5070

EXITCARE® PATIENT INFORMATION

Patient Name: MICHAEL ZZ WATTS

Attending Caregiver: Yao, Tse, wa

Bruise, Contusion, Hematoma

A bruise (*contusion*) or hematoma is a collection of blood under skin causing an area of discoloration. It is caused by an injury to blood vessels beneath the injured area with a release of blood into that area. As blood accumulates it is known as a hematoma. This collection of blood causes a blue to dark blue color. As the injury improves over days to weeks it turns to a yellowish color and then usually disappears completely over the same period of time. These generally resolve completely without problems. The hematoma rarely requires drainage.

HOME CARE INSTRUCTIONS

- Apply ice to the injured area for 20 minutes from time of injury. Place ice in a plastic bag and place a towel between the bag of ice and your skin. Discontinue the ice if it causes pain.
- If bleeding is more than just a little, apply pressure to the area for at least thirty minutes to decrease the amount of bruising. Apply pressure and ice as your caregiver suggests.
- If the injury is on an extremity, elevation of that part may help to decrease pain and swelling. Wrapping with an ace or supportive wrap may also be helpful. If the bruise is on a lower extremity and is painful, crutches may be helpful for a couple days.
- If you have been given a tetanus shot because the skin was broken, your arm may get swollen, red and warm to touch at the shot site. This is a normal response to the medicine in the shot. If you did not receive a tetanus shot today because you did not recall when your last one was given, make sure to check with your caregiver's office and determine if one is needed. Generally for a "dirty" wound, you should receive a tetanus booster if you have not had one in the last five years. If you have a "clean" wound, you should receive a tetanus booster if you have not had one within the last ten years.

SEEK MEDICAL CARE IF:

- You have pain not controlled with over-the-counter medications. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Do not use aspirin as it may cause bleeding.
- You develop increasing pain or swelling in the area of injury.
- An oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests.
- You develop any problems which seem worse than the problems which brought you in.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop severe pain in the area of the bruise out of proportion to the initial injury.
- The bruised area becomes red, tender, and swollen.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

ExitCare® Patient Information - MICHAEL ZZ WATTS - ID# 00002920604 - MR# 8346959

FOLLOW-UP INSTRUCTIONS

01-2 days: - ENT clinic (212)342-5000

ADDITIONAL NOTES AND INSTRUCTIONS

apply ice to area / take tylenol for pain as directed / augmentin 875mg 1 tab 2x a day for 7 days / if condition become worse ,return to er / follow up with ENT clinic in 1-2 days for wound check

Document Released: 9/27/2006 Document Revised: 3/16/2010 Document Reviewed: 8/5/2009

New York Downtown Hospital Emergency Center • www.downtownhospital.org

Exhibit
A

ExitCare® Patient Information - MICHAEL ZZ WATTS - ID# 00002920604 - MR# 8346959

**NEW YORK
DOWNTOWN
HOSPITAL**

New York Downtown Hospital
Emergency Center
83 Gold Street
New York, NY 10038
212-312-5070

**EXITCARE® PATIENT INFORMATION
DISCHARGE INSTRUCTION SUMMARY**

Patient/Visit Information:

Patient Name: MICHAEL ZZ WATTS	Discharge Date/Time: 1/18/2013 01:50:26 AM
Attending Caregiver: Yao.TseHwa	Diag:

Discharge Instruction Sheets Provided:

Bruise (Contusion, Hematoma)

Patient Instructions:

Additional Notes for Bruise (Contusion, Hematoma)

apply ice to area / take tylenol for pain as directed / augmentin 875mg 1 tab 2x a day for 7 days / if condition become worse ,return to er / follow up with ENT clinic in 1-2 days for wound check

Followup Appointments/Instructions:

Primary Follow-up Information

01-2 days: - ENT clinic (212)342-5000

E-Flight
B-Flight

PLAINTIFF

Michael Wotts

DEFENDANT

Detective Santos

COURT CASE NUMBER

13 Civ 5636 (PKG/GWG)

TYPE OF PROCESS

Serv

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

→ *Detective Jose Higo*

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

ONE Police Plaza Rm. 1100, New York, N.Y. 10038

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

*Michael Wotts
1600 Hazen Street
East Elmhurst, N.Y. 11370*

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Mike Wotts PLAINTIFF
 DEFENDANTTELEPHONE NUMBER
*N/A*DATE
1/29/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am
pm
Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PLAINTIFF

Michael Wotts

COURT CASE NUMBER

13 Civ 57036 (PKG)(GWG)

DEFENDANT

Detective Jose Higgo

TYPE OF PROCESS

Serve

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Detective Jose Higgo

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

One Police Plaza Rm. 100, New York, N.Y. 10038

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

*Michael Wotts
1600 Hazen Street
East Elmhurst, N.Y. 11370*

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Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

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Total Process

District of Origin
No. _____

District to Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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Address (complete only if different than shown above)

Date of Service _____ Time _____ am

pm

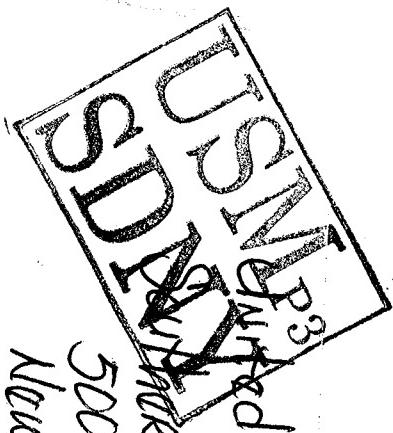
Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Watts #14-13-12340
1600 Haven Street
East Elmhurst, NY 11370

FEB 27 2014



United States District Court
Southern District of New York
500 Pearl Street
New York, N.Y. 10007



Pro Se Office